DOCUMENT RESUME

ED 201 134 EC 132 560

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TITLE State Policy Program Alternatives to Implement the Least Restrictive Environment.
INSTITUTION Council for Exceptional Children, Reston, Va. Policy Research Center.
SPONS AGENCY Office of Special Education (ED), Washington, D.C.
PUB DATE Aug 80
GRANT G007702411
NOTE 30p.; A part of the Policy Options Project.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Compliance (Legal); *Delivery Systems; *Disabilities; *Educational Policy; Elementary Secondary Education; Itinerant Teachers; Mainstreaming; Models; Program Development; Residential Schools; Self Contained Classrooms; Special Classes; *Special Education; Special Schools; *State Standards; *Student Placement

ABSTRACT

The paper examines state policies relevant to current alternative educational environments in each state's continuum of services for handicapped children. The analysis resulted from a review of information about program models in state special education regulations and state annual program plans. State descriptions of available program models fit into three categories: either a listing of the alternative settings to be provided, a general statement insuring the least restrictive environment provision of P.L. 94-142 (the Education for All Handicapped Children Act) will be met, or a description of "levels" of services which reflect the intensiveness of the services provided. An analysis of the data is provided by the following program models: special classes, regular classes, self contained classes, itinerant teacher, special day school, institution/residential facility, homebound/hospitalized, and work experience program. For each program model, the states offering the model are listed. Noted are other program options offered by some states, and the "levels" of services approach of Maryland and Minnesota. Issues for further research, such as the rigidity/flexibility of program models and the availability of all program models for all handicapping conditions, are identified. A chart of states, their program models, and regulatory citations are appended. (DB)

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STATE POLICY PROGRAM ALTERNATIVES TO IMPLEMENT THE LEAST RESTRICTIVE ENVIRONMENT

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for

The Policy Options Project

August 1980

EC132560

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The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Published in 1980 by The Council for Exceptional Children

The work performed herein was done pursuant to a grant from the Bureau of Education for the Handicapped (now the Office of Special Education within the Department of Education) (Grant Number: G007702411). The opinions expressed herein, however, do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement by the U.S. Department of Education should be inferred.

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INTRODUCTION

As the field of special education developed, so too, has the range of services available to exceptional children and youth expanded and increased. Thus state schools for the deaf and blind, established in the early 1800's, prepared the way for the variety of public day school programs which exist today for children with other handicapping conditions. Research into the historic development of state policy regarding special education program models reveals a variety of approaches and a patchwork quilt of programs established by the states. Some states, for example, recognizing the needs of their retarded children, yet deeming their education and care beyond the scope of public schooling, chose to appropriate public funds to private schools to educate the feebleminded. However, at the turn of the century, fewer than 20 states had institutions for "mental defectives".[1] By 1950, 29 states had established education legislation for the mentally retarded and 39 states had legislation for educating physically handicapped children.

Most educators are more familiar with the recent history of special education as the development of state policy continued to expand educational rights and protections to exceptional students; and courts, through the landmark PARC and Mills decisions,[2] guaranteed such rights for all handicapped children regardless of the severity of their handicap.

Further examination of the history of special education clearly reveals the growth of programs, and the commitment of states to provide special education for those who need it. It also reveals how the concept of special education evolved from a "put them away" mentality to one of viewing the handicapped child as a child with unique educational needs, who should be removed from the normal school environment only so far as it is necessary to meet those unique educational needs.

This concept has come to be known as the principle of the "least restrictive environment" (LRE) (45 CFR 121a.550) and has its roots in law and its branches in

many fields in addition to education. The basic rationale is that placement in a restrictive environment may constitute a deprivation of a person's liberty, thus the least restrictive alternative doctrine "serves to limit the state's interference with that liberty to the least drastic manner possible".[3]

In special education, a range of placement alternatives evolved to meet the unique educational needs of handicapped students. Residential and institutional programs were followed by special day schools, then part-time instruction, and supplementary and consultative programs. It was also reconginzed that within categories of handicapping conditions, there was a wide range of differences among children with the same handicap. Thus the present day continuum (45 CFR 121a.551) of educational services for handicapped children includes at least ten alternative educational environments.

The purpose of this Policy Options Project report is to describe the current alternative educational environments in each state's continuum of services for handicapped children, and to identify policy issues for further research.

Methodology

An earlier Policy Options Paper[4] presented an evolutionary view of the special education models which have been developed to insure the availability of a range of program alternatives, ordered in terms of degrees of restrictiveness, to meet the needs of handicapped students. However, an absence of information existed concerning current state policy implementing the least restrictive environment requirement of the law. In an attempt to fill this information void, the Policy Options Project conducted a two-pronged analysis of state policy.

The data used in this analysis were gathered from a review of information about program models in state special education regulations and state annual program plans. A brief discussion of the findings is presented in this report, followed by an appendix containing state by state information.

Findings

While specificity of program descriptions varies from state to state, there is little variation in state policy regarding alternative settings which are or will be made available to handicapped children to implement the individualized education program. State policy closely resembles the models described in the literature by Reynolds, Deno, and others.[5] In fact, the reporting requirements of the U.S. Office of Special Education, to a large measure, determines this response in its design of Table 4 of the Annual Program Plan, which is used by states to report placement and number of handicapped children in each setting.

Three approaches are used in the narrative accompanying Table 4 to describe program models. States either list the alternative settings which will be provided or arrange for by each local education agency, or they include a general statement insuring the least restrictive environment provision will be met, or they describe "levels" of services which reflect the intensiveness of the services provided. As indicated in Column 11 of the appendix, nine states include a general statement based on 45 CFR Sec. 121a.550 in their state plans. Section 121a.550 of the regulations implementing P.L. 94-142 states:

> (a) Each state educational agency shall insure that each public agency establishes and implements procedures which meet the requirements of § § 121a.550-121a.556.
>
> (b) Each public agency shall insure:
>
> (1) That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and
>
> (2) That special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

In some cases state policy reflects minor language differences from federal requirements. For example, Arizona Rule 7-2-401.E (3) states, "To the extent practicable (rather than "to the maximum extent appropriate") handicapped children

shall be educated in the regular class." Several states omit "including children in public or private institutions or other care facilities" from their policy.

State policy also indicates that while the program models in the continuum of services generally include similar educational alternatives no state includes all program models in state policy, and while states may report a program model, that program model may not be offered for every handicapping condition.

Program models in the continuum of services include:

- Regular Class;
- Regular Class with Indirect Services (i.e., consultative services to the regular class teacher);
- Regular Class with Direct Services (i.e., special education teacher works with student in the regular classroom);
- Resource Room;
- Itinerant Teacher;
- Self-contained Class;
- Special Day School;
- Institution/Residential Setting;
- Homebound/Hospital; and
- Work Study Program.

The implications of these policy variations, in both the program models offered and the models available to specific handicapping conditions, necessitate a careful look at the actual practices of the various states. States may, for instance, have implemented far more options than those required in policy. Often state policy functions as a minimum requirement which local programs may exceed. On the other hand, the lack of specificity in some state policy may allow more narrow interpretations resulting in fewer program options in practice than policy would seem to

indicate. Since this report analyzed policy and not practice, it presents only a portion of the total picture. However, that portion is instructive.

An analysis of findings by program model reveals some of these variations in state policy.

Special Classes

Thirteen states use the terminology "special classes" without further definition in their state plan. The term could conceivably refer to both resource rooms and self-contained special education classes.

Regular Classes

Generally, state policy did not specify whether resource rooms were available for all exceptional children or only for those with certain exceptionalities. Exceptions include South Carolina and Georgia which provide for categorical resource room programs as well as interrelated resource room programs. In an interrelated resource room in Georgia, students with mild learning disabilities, emotional handicaps, and mental retardation may share the same program. The trend toward generic certification[6] suggests that more states can make resource rooms available particularly in areas of low population density when the teacher is appropriately trained to instruct students with more than one handicap.

Although the definition of resource room varies somewhat from state to state, in general, this term is used when handicapped students are enrolled in regular programs and receive special education for less than half their school day.

Self-Contained Classes

Generally, this term is used to refer to a full-time special education setting. In some states, e.g., Georgia and Idaho, the child is integrated into parts

of the regular curriculum with the special educator monitoring adjustment and coordinating with the regular classroom teacher. In these cases, the placement is referred to as a "modified" self-contained program.

Itinerant Teacher

Most states employ teachers who are assigned to serve children in more than one school or location. These teachers are used in a variety of settings. Some provide instruction within the regular classroom, others instruct in resource rooms in a cluster of schools, and some provide instruction to students confined to the home or hospital. For this reason, "itinerant" services is actually not a different program although it is frequently listed separately in state policy.

Special Day School

Special day school programs are provided by both public and private educational systems. The day school may be described as a self-contained classroom that is located in a building that houses only special education programs or as a separate building or school. West Virginia regulations describe this model as "environments segregated from the regular school facility". In cases of low incidence handicapping conditions, day school services may be provided on a regional basis.

Students in day school programs have limited or possibly no scheduled contact with nonexceptional peers or regular education programs. Therefore, placement in this more restrictive environment is intended only when the needs of the child cannot be met in the regular school, and the population of those served may be more severely handicapped. North Carolina policy requires documentation that there must be a clear educational advantage for this type of service prior to placement of a child in this program. Developmental day center and head start programs are given as examples of an appropriate use of this mode.

State policy in California and Rhode Island describes nonpublic services for handicapped children. This model is recommended in California in cases where

previous placement was unsuccessful and further modification is not possible, the sparsity of population makes it unreasonable to initiate a program for a limited number of individuals, and no appropriate public education is available within 20 school days following development of the IEP. Public and nonpublic day schools in Rhode Island must follow the same criteria established for public schools.

Institution/Residential Facility

Residential centers provide educational diagnosis, treatment, and education to children who cannot be provided for in any other available appropriate program. These facilities may be both public and private and provide intensive 24 hour programs away from the home setting.

Generally the most profoundly handicapped individuals are referred to residential facilities, and the exceptionalities served most frequently include hearing impaired (deaf), visually impaired (blind), severely or profoundly retarded, emotionally handicapped, and autistic.

Homebound/Hospital

State policy regarding homebound and hospital services includes more variations than those of the other program models in the continuum of services. These variations are found in setting, eligibility for services, length of service, and type of service.

The setting for service in this model may be the child's home, a hospital, a sanitarium, or a convalescent home.

Eligibility for service is generally determined by a medical or physical condition which prevents the student from physically attending school even with support equipment or personnel. Most states require that a student be unable to attend school for a certain period of time, usually four weeks or more, before

he or she is considered eligible for homebound/hospital services. Attendance at school may also be considered a risk to either the handicapped child or to the other children.

Some states, such as Washington, include students with physical disabilities or noncommunicable illnesses who may not otherwise qualify as a handicapped student pursuant to the established disability definitions and criteria as "handicapped" for purposes of special instruction and funding only. Emotional problems or behavior disorders which restrict the child's capability of attending school and the inability to tolerate or adapt to learning conditions usually found in a school setting on a full or part-time basis are also cited by states as criteria for this type of placement. In some states pregnant students are eligible for homebound services.

It should also be noted that Nebraska and Rhode Island caution against the use of the homebound/hospital model as a means of avoiding responsibilities to establish in-school programs, as a substitute for in-school programs, or to exclude handicapped children from in-school programs. Some states specify the type of child who is ineligible for hospitalized/homebound services. For example, Wisconsin eliminates the child whose primary disability is defective speech or hearing or other physical handicaps for which special education programs and services are available unless the physical disability is of such a nature as to prevent attendance in these programs.

Most states require the statement of a physician in determining eligibility for homebound/hospitalized educational services for a medically, physically, or emotionally handicapped student. Some states do not require an IEP when the physician reports absence from school is due to physical or medical reasons.

The length of services to homebound and hospitalized students may be delivered on either a long-term or short term basis. In the case of short-term service an IEP

may not always be developed unless it is determined service is needed beyond the original length of time the student was expected to be out of school, and an IEP is developed.

Homebound instruction is generally provided by an itinerant teacher who works on a direct teaching basis with the child from two to ten hours per week according to state policy. In some states itinerant service is combined with the use of a home-to-school telephone or television system, or the child may be served by these communication systems in lieu of direct service. Correspondence course work is an authorized form of homebound/hospitalized service in Wisconsin, and in West Virginia parents may also receive training in methods of care and instruction for the individual. State policy in Rhode Island provides summer tutoring for homebound children if they are unable to complete their current school year because of health reasons.

Work Experience Program

Seven states (Arizona, Colorado, Illinois, New Hampshire, Ohio, Pennsylvania, and South Dakota) offer a program model which provides service to handicapped secondary students that combines vocational training and experience with an educational program. This program may include vocational evaluation, an adjusted educational program, and supervised job placement. A teacher, consultant, or coordinator may be maintained to provide work, experience, and/or study services.

Although these seven states were the only ones that listed work experience programs as part of their special education continuum, work experience programs may be part of other types of service alternatives in other states and may involve cooperative agreements among the local education agency and other instructional, vocational, or rehabilitational agencies.

Other Program Options

In addition to general statement-type policy and the program models previously described, state policy often includes other program options. Some of these options may merely reflect a difference in descriptive language, while others clearly describe additional program models.

For example, Georgia, Hawwaii, and Massachusetts include a Crisis Intervention Program. Maryland offers crisis intervention for homebound/hospitalized students only. Georgia policy describes this service for a behavior order that may be temporary and transitory. The student is given assistance to resolve problems while continuing in the regular education setting. Length of service is defined as three days and may be repeated once in 20 days before another alternative is considered.

Other options include Parent Infant Programs (Maryland), counseling for student and parent (Massachusetts), Regional Adolescent Center (Massachusetts), cooperative programs (Mississippi), sheltered workshops (New Jersey), alternate learning centers (New York), gifted programs (South Dakota), and speech and language pathology programs (Vermont). Connecticut policy provides for an eight weeks trial placement for diagnostic purposes if the evaluation study is inconclusive or data is insufficient to determine the IEP.

When the number of students is insufficient to warrant separate resource room and self-contained programs, Maine policy allows for composite programs. In a composited program the teacher's certification must be in the special education area of those students involved in self-contained instructional activities.

Levels

Rather than list programs according to placement or setting terminology such as "resource room" or "self-contained classroom", several states use a generic description which reflects the intensiveness of the services to be provided.

Maryland and Minnesota, for example, list six levels of programs available to exceptional students. The levels in the Maryland continuum are:

Level I - for students who need only supplementary services in the general education program.

Level II - for students who require special education instruction for not more than one hour per day.

Level III - for students who require more intensive special educational services for up to an average of three hours per day.

Level IV - for students who receive special education services for up to six hours per day. In addition, related services are provided.

Level V - for students who require a comprehensive special education setting for the entire school day.

Level VI - for students who require 24 hour special education programming and personal care.

The levels in the Minnesota continuum are similar except that special education services are not offered in Level I, and Level II services are given to the teacher only.

New Mexico policy provides for four program levels according to severity of special education needs. The least restrictive, Level A, includes no modifications of regular education. The most restrictive, Level D, deems the regular classroom inappropriate.

Frequently caseloads or teacher-pupil ratios decrease as intensiveness increases. Some state policy contains guidelines for determining the appropriate program levels for students. In New Mexico, for example, students who fit into Program Level A are described as achieving near grade level. Behavior patterns

which interfere with the student's progress within the regular education program are modified through a behavior management program developed by a resource teacher and implemented by the regular teacher.

Issues for Further Research

In their Annual Program Plans, several states identified major problem areas in making alternative placement available to meet the needs of handicapped children. These problem areas include negative attitudes on the part of parents and teachers in both regular and special education, lack of supplementary aids and human service resources among rural LEA's architectural barreirs in certain educational facilities, and the low incidence of children with certain handicapping conditions located in sparsely populated LEA's which impedes the provision of a full continuum of services. The identification of these problems and other problem areas as evidenced by certain cautionary policy statements indicates a need for further research and technical assistance in implementing the least restrictive environment provision. The following are among the questions which such research could address:

- Are program models rigid or flexible; meaning may they be modified or used in combinations?
- Are all program models available for all handicapping conditions? An examination of the types of children served in each program model may reveal information regarding placement according to exceptionality.
- When a particular service or program model is not available in a district, is the child made to fit available services or are services developed to fit the child?
- Is there an interaction of issues such as shortage of staff or low incidence affecting placement decisions?
- What is the role of multi-district agreements in expanding the program options available?

- What is the extent of interagency collaboration in the provision of a full continuum of services?
- What is the impact of the existence of separate special education facilities upon placement decisions for those categories of children traditionally placed in such facilities?
- Do race, age, or sex influence the number of students served in a particular continuum?
- What are differences between rural and urban areas regarding the kind of children served and program options available?
- To what extent do state education agencies provide technical assistance to local education agencies implement the least restrictive environment requirement?
- What are state policies and practices concerning training staff to interpret the least restrictive environment requirement?

The broad spectrum, both in methods of providing services and criteria for eligibility of service, of one program model in particular, homebound/hospitalized, raises a number of additional questions.

- What is the definition of a homebound/hospitalized exceptional/handicapped student? Does the term "handicapped" include pregnant students, injured football players, etc.?
- On a weekly basis, what is the amount of direct v. indirect contact with students? Is duration of services set by state policy or determined by each child's individualized education program?
- What is the criteria, including anticipated length of service, which determines the need for homebound/hospitalized as the least restrictive environment?
- What are the provisions for monitoring and evaluation of services?

- How does policy prevent this program model from becoming a dumping ground for "unwanted" students?
- Do gaps in services occur because some handicapped students are unable to attend school for short periods of time during which they are ineligible for homebound/hospitalized services?

Footnotes

[1]Nazzaro, Jean N. Exceptional Timetables: Historic Events Affecting the Handicapped and Gifted. Reston, VA: The Council for Exceptional Children, 1977.

[2]Pennsylvania Association for Retarded Citizens v. Commonwealth of Pennsylvania 343 F. Supp. 279 (E.D. PA. 1972); Mills v. Board of Education, 348 F. Supp. 866 (D.D.C., 1972).

[3]Soskin, Ronald M. "The Least Restrictive Alternative: In Principle and In Application." Amicus, 2, 1977, 28-32.

[4]Higgins, Scottie and Ross, John W. "Policy Options Regarding Information Supplied to Decisionmakers to Determine the Least Restrictive Environment Appropriate for Each Handicapped Child." The Policy Options Project, Reston, VA: The Council for Exceptional Children, 1980.

[5]Deno, E. Strategies for Improvement of Educational Opportunities for Handicapped Children: Suggestions for Exploitation of EPDA Potential. In M.C. Reynolds and M.D. Davis (Eds.), Exceptional Children in Regular Classrooms. Minneapolis: University of Minnesota, 1971.

[6]Barresi, Josephine and Bunte, Joanne. "Special Education Certification Practices: A Summary of a National Survey." The Policy Options Project. Reston, VA: The Council for Exceptional Children, December, 1979.

PROGRAM MODELS IN THE STATE'S CONTINUUM OF SERVICES

August 1980

State	Cites	1	2	3	4	5	6	7	8	9	10	11	12	Other
Alabama	44 79-102		X X	X X	X X		X X	X X	X X	X X				
Alaska	3.1 78-270, Table 4		X X	X	X X	X	X X		X X	X X				
Arizona	20, 22 80-34	X									X	X	X	Separate schooling, Supp. aides & ser.
Arkansas	8 80-25, Table 4		X X	X X	X X		X X	X X	X X	X X				
California	EH-6 80-61	X				X	X		X	X			X	Refers to Stat. § 56601
Colorado	27 80-117		X X	X X	X X	X X	X X	X	X	X X	X X			
Connecticut	25 (9/80) 79-34	X								X		X	X	
Delaware	Appendix III 78-63		X X	X	X X		X X	X X	X X	X X				Unique Alternatives Unique Alternatives
Florida	45 79-39		X	X	X	X	X	X	X	X		X		
Georgia	19 80-49	X		X	X X	X X	X	X X	X X	X			X	Voc. Inst., Crisis Intervention
Hawaii	Rule 49.1f 79-28, Table 4	X X			X	X	X X	X X	X	X				

State	Cites	1	2	3	4	5	6	7	8	9	10	11	12	Other
Idaho	Appendix C-1		X	X	X		X	X	X	X				
	80-43		X	X	X		X	X	X	X				
Illinois	10		X	X	X		X	X		X	X			Alternate Standard Program, State Operated/Private Program
	80-41	X			X		X	X	X	X				
Indiana*	21	X	X		X								X	Infant Education
	80-38		X	X	X		X	X	X	X				
Iowa	5	X	X	X	X	X	X	X		X				
	80-100-105	X	X		X	X	X	X		X				
Kansas*	106 et seq.	X	X	X	X	X	X	X	X	X				
	79-46	X	X		X	X	X	X	X	X				
Kentucky	42	X		X	X	X	X			X				
	80-194, 200	X	X	X	X	X	X	X	X	X				
Louisiana	442	X	X		X	X	X	X	X	X				
	80-62	X	X		X	X	X	X	X	X				
Maine	33		X	X	X		X			X				
	81-83-VIII											X		
Maryland	26		X	X	X		X	X	X	X				Parent Infant Progs., Crisis Intervention for Homebound/Hosp.
	80-85		X	X	X		X	X	X	X				Crisis Intervention for Homebound/Hosp. Students in Emotional Crisis
Massachusetts	52	X	X	X			X	X	X	X				Voc.Ed. Counseling (Student & Parent), Crisis Intervention
	80-51	X						X	X	X			X	Regional Adolescent Center
Michigan	80-69											X		
Minnesota	48	X	X	X			X	X	X					
	78-51	X	X	X			X	X	X					
Mississippi	7	X			X		X			X				Cooperative Program
	80-33-35	X			X			X	X	X				

State	Cites	1	2	3	4	5	6	7	8	9	10	11	12	Other
Missouri	13 80-75-77	X X	X		X X	X X	X X	X	X	X				
Montana	48-232 79-85-87	X X	X	X	X X	X	X X		X X	X X				
Nebraska	51-28 79-27		X X	X X	X X		X X	X X	X X	X X				
Nevada	15 80-36	X X						X X	X X	X X			X X	
New Hampshire	#206 79-41	X					X	X	X	X	X			
New Jersey	48 78-VIII-2- VIII-4	X X	X	X	X X		X X	X	X	X X				Sheltered Workshop
New Mexico	1	X	X	X	X	X	X							
New York	8 80-177	X			X		X			X		X		
North Carolina	35 80-VIII		X	X			X	X	X	X		X		
North Dakota*	IV-11 et seq. 79-49	X X			X	X	X X		X	X X			X	Program Models vary according to child's handicap Visiting Counselors and Tutors
Ohio*	6 79-32		X	X			X		X	X	X	X	X	
Oklahoma	12 80-268		X X		X X	X X	X X	X	X X	X X				School to Home Telephone

State	Cites	1	2	3	4	5	6	7	8	9	10	11	12	Other
Oregon	581-15-060 79-47	X X			X X	X X		X X	X X	X X			X X	
Pennsylvania	6, 14 78-126-127	X X			 X	X X	X X	X	X	X	 X			 Approved Private Schools
Rhode Island	48 79-34	X	X	X	X		X	X	X	X		 X		
South Carolina	14-15 81-83-74	X X			X X	X X	X X		X X	X X				
South Dakota	G-15-G-17 80-L-3 By Handicap L-5, L-7, L-9, L-11 L-16, L-22, L-24, L-28	X* X*	 X			 X	X X	X X	X X	X X	X			*Regular Class with Modifications Gifted Programs
Tennessee	84 79-34	X X	X X	X X	X X		X X	X X	X X	X X				
Texas	39-40 80-39-41	X	 X	 X	X X	X X	X X	X X	X X	 X				 Vocational Education
Utah	5 - 7 78-38	X			X	X	X	X	X	X				 Refers to Regulations
Vermont	80-63		X		X				X	X			X	Speech and Language Pathology Programs
Virginia	80-63	X	X	X	X	X	X	X	X	X				
Washington	392-171-460- 392-171-480 80-43	X X			X X	X X	X X		X X	X X				

State	Cites	1	2	3	4	5	6	7	8	9	10	11	12	Other
West Virginia	8-10		X	X	X	X	X	X	X	X				
	79-36	X	X		X	X	X	X	X	X				
Wisconsin	109	X	X		X	X	X		X	X				Homebound/Hosp. may include correspondence courses and telephone
	79-J-65, 63 Table 4	X	X	X	X	X	X	X	X	X				
Wyoming	126	X	X	X	X		X	X	X	X				
	79-D-17	X	X	X	X		X	X	X	X				

PROGRAM MODELS IN THE STATE'S CONTINUUM OF SERVICES

August 1980

Explanation of Terms and Codes

Cites - Two sources were used for each state. Line one indicates the page number of the regulation. Line two indicates the year and page number of the Annual Program Plan

Column 1 - Regular Class

Column 2 - Regular Class with Indirect Services (i.e., consultative services to the regular class teacher)

Column 3 - Regular Class with Direct Services (i.e., special education teacher works with student in the regular classroom)

Column 4 - Resource Room

Column 5 - Itinerant

Column 6 - Self-Contained Class

Column 7 - Special Day School

Column 8 - Institution/Residential Setting

Column 9 - Homebound/Hospital

Column 10 - Work Study Program

Column 11 - General Statement Only

Column 12 - Special Classes

*Those states that reported program models by handicap may not necessarily offer every program model for each handicap. However, the program models checked were offered to at least one handicap.